**PATENT** 

Small entity Fee (if applicable)

\$ 60.00

Other than small

entity Fee

\$ 120.00

Attorney Docket No.: 9D-EC-19348

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: Serial No.: Filed: For:  Mail Stop Commission	09/480,589  January 10, 2000  METHOD, SYSTEM, AND PROGRAM PRODUCT FOR ON-LINE SERVICE CALL SCHEDULING	Group No.: 3623 Examiner: Van Doren, Beth
P.O. Box 1	.450 a, VA 22313-1450	
Aicanuii	TRANSMITTA	<del>-</del>
		L
Ar Ar No	ansmitted herewith is: mendment Transmittal (3 pgs.) mendment After Final Rejection in response ovember 16, 2007 (29 pages) equest for Continued Examination Transmitt	
	STATUS	
2. Ap	oplicant claims small entity status. is other than a small entity.	
	EXTENSION OF T	
3. The app	e proceedings herein are for a patent applicately.  (complete (a) or (b)	•
(a)	X Applicant petitions for an extensi (Fees: 37 C.F.R. 1.17(a)-(d) for	on of time under 37 C.F.R. 1.136 the total number of months checked below:)

Extension for response

first month

within:

X third month \$ 1,050.00 \$ 525.00  fourth month \$1,640.00 \$ 820.00  fifth month \$2,230.00 \$1,115.00					
fifth month \$2,230.00 \$1,115.00					
<del></del>					
Fee: \$1050.00					
If an additional extension of time is required, please consider this a petition therefor.					
(Check and complete the next item, if applicable)					
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.					
Extension fee due with this request \$					
OR					
(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.  FEE FOR CLAIMS  4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:					
(Col. 1) (Col. 2) (Col. 3) SMALL ENTITY SMALL ENTITY  OTHER THAN SMALL ENTITY					
CLAIMS  REMAINING HIGHEST NO.  AFTER PREVIOUSLY PRESENT ADDITIONAL. ADDITIONAL  AMENDMENT PAID FOR EXTRA RATE FEE OR RATE FEE					
TOTAL   MINUS   =   x \$25.00 = \$   x \$50.00 = \$					
INDEP.   MINUS   =   x \$100.00 = \$   x \$200.00 = \$					
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$180.00 = \$ + \$360.00 = \$  TOTAL ADDITIONAL OR TOTAL ADDITIONAL	. I				
(a) No additional fee for Claims is required  OR					
(b) Total additional fee for claims required \$					
• —					
FEE PAYMENT					
FEE PAYMENT  5. Attached is a check in the sum of \$					

## FEE DEFICIENCY

5.	$\boxtimes$	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.
		AND/OR
	$\boxtimes$	If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7.		Other:
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